

PLEASE PRINT ALL INFORMATION CLEARLY

PLEASE RETURN APPLICATION BY: *MONDAY, December 14, 2009*

**2009 PAUL ROBESON SCHOLAR-ATHLETE AWARDS PROGRAM
PARENT PERMISSION/VERIFICATION FORM**

Student-Athlete's Formal Name:

(First) (Middle) (Last)

Was your child's name spelled correctly on the envelope? Yes _____ No _____ Student - Athlete's age _____

School your child is currently attending:

(School Name) (Indicate which – Elementary, Middle, Upper, etc.)

(School Street Address)

(City) (State) (Zip)

Student Identification Number: _____
(For Seattle Public School students only)

Please indicate type of school:

Public School _____ **Private School** _____ **Home School** _____

School District _____

Please fill in your child's association _____

Please refer to the "Frequently Asked Questions" section on the website for a list of associations registered with the Robeson Program.

Please Indicate Your Selection: (If you do not select one, we will stop the process here).

King County Executive Office - Executive Dow Constantine:

Is Authorized _____ Is Not Authorized _____ to obtain information regarding my child.

Parent's Name - **(PLEASE PRINT)**

Parent's Signature

Daytime Phone: (_____) _____

Message Phone: (_____) _____

Address Change/Correction

(New Address)

(City, State, Zip)

Note: If your home address or any of the above information changes between the application deadline and January 2010, please contact our office immediately to update those changes.

Incomplete forms will not be processed.